

**NAIC MIDWEST ZONE UNIFORM APPLICATION FOR
INDIVIDUAL RESIDENT/NONRESIDENT LICENSE**

(Please PRINT or TYPE)

Please read carefully and complete all necessary information.

PART I – LICENSE AND FEE INFORMATION

STATE FOR WHICH APPLICATION IS SOUGHT: _____ FEE ENCLOSED: \$ _____

A. Check one:

- ☐ New License.
- ☐ Amended License.
- ☐ Reinstatement.

B. Check one:

- ☐ Resident (Attach a letter of clearance if you were a resident agent in another state.)
- ☐ Non-Resident (Attach a certification letter.)

PART II – IDENTIFICATION

A. Social Security Number: _____ - _____ - _____ B. Date of Birth: (month) _____ (day) _____ (year) _____
(Note: Your Social Security number will be used for purposes of computer identification in issuing your license. If you choose not to give this number, please check here _____. This may delay the issuance of your license.)

C. Full Legal Name of Applicant _____
LAST NAME FIRST NAME M.I. (IF NONE, ENTER NA) JR., SR.

D. Residence Address _____
STREET ADDRESS IS REQUIRED

COUNTY CITY STATE ZIP

E. Home Phone () Business Phone ()

F. Are you a citizen of the United States? ☐ Yes ☐ No (If NO, of which country are you a citizen? _____)

PART III – BACKGROUND INFORMATION

A. Do you now hold or have you ever held an insurance license in another state in the U.S. or the provinces of Canada?
☐ Yes ☐ No If YES, and the license is still in force, attach a certification letter from your home state. If the license is not in force, attach a letter of clearance from the last state where you held a resident license.

B. Has any disciplinary action, including but not limited to, refusal, suspension, revocation, ever been taken by any regulatory agency in any state or any province of Canada against you or any business with which you have been directly connected?
☐ Yes ☐ No If YES, provide full explanation on a separate sheet of paper.

C. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (Misdemeanor does not mean minor traffic violations.)
☐ Yes ☐ No If YES, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and the final adjudication.

D. Are you an officer, director or employee of a lending institution (bank, savings and loan or other such institution, which accepts deposits and lends money) or of a bank holding company or an affiliate of one of the above?
☐ Yes ☐ No If YES, give name and address of institution _____

NOTE: This completes the uniform portion of the application. You must now complete the state-specific page (or pages) for the state(s) in which you will apply. The Applicant's signature and certification is included on the state-specific page(s). YOUR APPLICATION IS NOT COMPLETE AND WILL BE REJECTED IF ALL PAGES ARE NOT SUBMITTED.

MISSOURI-SPECIFIC APPLICATION SHEET

PART IV ADDITIONAL INFORMATION				
			Yes	No
A. Has residence address changed during the last 12 months? If yes, list former residence address:			<input type="checkbox"/>	<input type="checkbox"/>
<div>STREETCITYSTATEZIP</div>				
B. Has any professional license (other than insurance) held or applied for by you been revoked, suspended, refused, or the renewal thereof denied by a regulatory body or official of any state, district or territory?			<input type="checkbox"/>	<input type="checkbox"/>
C. Does any insurance company, agency agent or broker contend or allege that it has money or sums due from you?			<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever had a surety bond refused, revoked or cancelled?			<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been a director, officer or owner of an insurance company or agency which was placed in bankruptcy, conservatorship, rehabilitation, liquidation or any other form of delinquency proceedings?			<input type="checkbox"/>	<input type="checkbox"/>
F. Are you applying for a license primarily for the purpose of procuring insurance for yourself or members of your family?			<input type="checkbox"/>	<input type="checkbox"/>
G. Do you have a child support obligation in arrearage? If you answer yes, by how many months are you in arrearage? _____ months			<input type="checkbox"/>	<input type="checkbox"/>
A WRITTEN EXPLANATION MUST BE ATTACHED FOR QUESTIONS B-F ANSWERED "YES"				
H. WILL YOU BE EMPLOYED BY AN INSURANCE AGENCY? IF YES, COMPLETE (1), (2) & (3) BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO				
1. FULL AND EXACT NAME OF INSURANCE AGENCY AGENCY ID# (Number on MO agency license)			2. TELEPHONE NUMBER	
3. ADDRESS (STREET, CITY, STATE, ZIP CODE)				
I. LIST BELOW YOUR EMPLOYMENT FOR THE PAST 3 YEARS, INCLUDING YOUR CURRENT PLACE OF EMPLOYMENT (Attach sheet if needed)				
DATE OF EMPLOYMENT	FULL AND EXACT NAME OF COMPANY	ADDRESS OF COMPANY	POSITION HELD	
PART V – QUALIFICATIONS REQUESTED (CHECK APPROPRIATE BOXES)				
A. LICENSE TYPE REQUESTED (ONLY ONE TYPE PER APPLICATION) SEE PAGE 3 OF APPLICATION				
<div><input type="checkbox"/> BAIL BOND AGENT<input type="checkbox"/> GENERAL BAIL BOND AGENT<input type="checkbox"/> SURPLUS LINES<input type="checkbox"/> PUBLIC ADJUSTER<input type="checkbox"/> PUBLIC ADJUSTER SOLICITOR</div>				
PART VI APPLICANT SIGNATURE				
This applicant first being duly sworn upon his oath, states that the statements contained in the above and foregoing application are true to the best of his knowledge and belief.		SIGNATURE OF APPLICANT		DATE

SUBMIT MISSOURI APPLICATION TO:

MISSOURI DEPARTMENT OF INSURANCE
P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-3518

PART VII – GENERAL INSTRUCTIONS

ALL MISSOURI EXAM SCORES ARE VALID FOR 1 YEAR

SURPLUS LINES APPLICANTS:

- A. Residents must complete Surplus Lines Exam.
- B. Fee is \$100.00. Personal checks not acceptable.
- C. Must hold an active Missouri property and casualty license.
- D. File a bond in the amount of \$100,000 or a sum equal to the individual surplus lines tax liability in your "home state" for the previous tax year, whichever is smaller. (Attach Power of Attorney) (Nonresidents, if bond is not in the amount of \$100,000, also attach proof of previous year's individual surplus lines tax liability in your home state.)
- E. Nonresidents must also provide an original letter of certification dated with the past six months from their resident state insurance department.

GENERAL BAIL BOND AGENT APPLICANTS:

- A. No exam required.
- B. Fee is \$25.00. Personal checks not acceptable.
- C. Applicants must provide:
 - 1. Original certified copy of birth certificate, if not already on file with Department of Insurance. (Must be 21 years old)
 - 2. Nonresidents, only, must provide an affidavit showing proof of devoting 50% of working time to bail bond business in Missouri. Nonresidents must also provide an original letter of certification dated within the past six months from their resident state insurance department.
 - 3. Assignment of \$10,000 if resident; \$25,000 if nonresident.
 - 4. Acknowledgement of assignment.
 - 5. Original certificate of Deposit, passbook or the document representing the assigned deposit. (Assignment Forms are available from the Department of Insurance.) Certificate of Deposit must be issued in the applicant's name only. If the applicant is a corporation, only an officer of the corporation may sign as a depositor.
 - 6. If applicant is a corporation, officers must have held a bail bond license for two years. Attach a list of names, addresses, social security numbers and titles of all officers. Corporations must be registered with the Missouri Secretary of State. Attach a copy of the corporate registration, dated within the past year, issued by the Missouri Secretary of State.

BAIL BOND AGENT APPLICANTS:

- A. Residents must complete Bail Bond Exam.
- B. Fee is \$25.00. Personal checks not acceptable.
- C. Applicants must provide:
 - 1. Original certified copy of birth certificate. (Must be 21 years old)
 - 2. Nonresidents *only* must provide affidavit showing proof of devoting 50% of working time to bail bond business in Missouri. Nonresidents must also provide an original letter of certification dated within the past six months from their resident state insurance department.
 - 3. Name, address, signature, and license number of licensed general agent under whose authority you will be working _____
NAME AND LICENSE NUMBER OF GENERAL BAIL BOND AGENT

ADDRESS OF GENERAL BAIL BOND AGENT

SIGNATURE OF GENERAL BAIL BOND AGENT

PUBLIC ADJUSTER APPLICANTS:

- A. Residents and nonresidents must complete Missouri Public Adjuster Exam.
- B. Fee is \$100.00. Personal checks not acceptable.
- C. If applicant is an individual:
 - 1) \$10,000 corporate surety bond required unless applicant will be employed by a person, partnership, association or corporation which is licensed as a Public Adjuster in which case a \$1,000 corporate surety bond is required. (Attach Power of Attorney)
 - 2) If submitting a \$1,000 bond, give name, address, and license number of licensed Public Adjuster by whom you will be employed _____.
 - 3) Nonresidents must also provide an original letter of certification dated within the past six months from their resident state insurance department.
 - 4) Do you agree that neither you, nor any partnership or association of which you are an officer or director, during your connection therewith will, directly or indirectly, solicit, or enter into, an agreement for the repair or replacement of damaged property on which you, or any other person mentioned above, have been engaged as public adjuster or public adjuster solicitor to adjust or settle claims for losses on damages arising out of policies of fire or allied lines of insurance? ☐ YES ☐ NO
 - 5) Do you agree that you will not employ, accept employment or become associated with, any person as a partner, member, officer, director, or otherwise, whose license as a public adjuster or public solicitor has been revoked by the Director of Insurance, and will not employ any person who has ever been convicted of a felony or of any crime or offense involving fraudulent or dishonest practice or of violation of any provision of Chapter 325? ☐ YES ☐ NO
- D. If applicant is a corporation, association or partnership:
 - 1) Fictitious names and corporations must attach a copy of registration document from Missouri Secretary of State.
 - 2) \$10,000 corporate surety bond required.
 - 3) List names, addresses and social security numbers of all employees, partners, members, officers and directors who are licensed as Public Adjusters or Public Adjuster Solicitors. (List on separate sheet)
 - 4) List names, addresses and social security numbers of all employees, partners, members, officers and directors who are *not* licensed as Public Adjusters or Public Adjuster Solicitors. (List on separate sheet)
 - 5) Give date firm was organized. _____
 - 6) Under which state's laws was firm organized? _____
 - 7) Does applicant agree that it will not employ or have associated with it as a partner, member, officer, director or otherwise, any person whose license as a Public Adjuster or Public Adjuster Solicitor has been revoked by the Director of Insurance, or who has ever been convicted of a felony or of any crime or offense involving fraudulent or dishonest practices, or of violation of any provision of Chapter 325? ☐ YES ☐ NO
 - 8) Does applicant agree that it will not, directly or indirectly, solicit, or enter into, an agreement for the repair or replacement of damaged property on which it has been engaged as Public Adjuster to settle claims for losses or damages arising out of policies of fire or allied lines of insurance? ☐ YES ☐ NO

PUBLIC ADJUSTER SOLICITOR APPLICANTS:

- A. Residents and nonresidents must complete Missouri Public Adjuster Solicitor Exam.
- B. Fee is \$100.00. Personal checks not acceptable.
- C. \$1,000 corporate surety bond required. (Attach Power of Attorney)
- D. Nonresidents must also provide an original letter of certification dated within the past six months from their resident state insurance department.
- E. Give name, address and license number of licensed Public Adjuster by whom you will be employed _____.
- F. Do you agree that neither you, nor any partnership or association of which you are an officer or director, during your connection therewith will, directly or indirectly, solicit, or enter into, an agreement for the repair or replacement of damaged property on which you, or any other person mentioned above, have been engaged as public adjuster or public adjuster solicitor to adjust or settle claims for losses on damages arising out of policies of fire or allied lines of insurance? ☐ YES ☐ NO

THIS LICENSE APPLICATION MAY BE PHOTOCOPIED